



Application No. (if known): 10/706,854

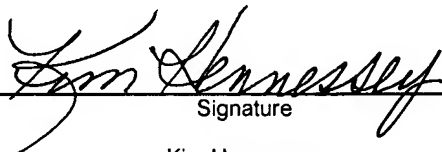
Attorney Docket No.: 15115/095001

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV842277065US in an envelope addressed to:

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Fee Transmittal (1 page)

Two Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)

Request for Continued Examination Transmittal (1 page)

Reply Under 37 CFR § 1.116 (7 pages)

Payment by credit card. Form PTO-2038 is attached (1 page)

Charge \$1,240.00 to credit card

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|                                                                                |  |                          |                        |              |
|--------------------------------------------------------------------------------|--|--------------------------|------------------------|--------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>                                   |  | <b>Complete if Known</b> |                        |              |
|                                                                                |  | Application Number       | 10/706,854-Conf. #6547 |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Filing Date              | November 12, 2003      |              |
|                                                                                |  | First Named Inventor     | Hironori Sanada        |              |
|                                                                                |  | Examiner Name            | B. Rojas               |              |
| TOTAL AMOUNT OF PAYMENT                                                        |  | Art Unit                 | 2832                   |              |
| (\$)                                                                           |  | 1,240.00                 | Attorney Docket No.    | 15115/095001 |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0591 Deposit Account Name: Osha · Liang LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|----------------------------------------------------|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

|                                                                        |                     |                 |                      |                                  |                 |                      |
|------------------------------------------------------------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| <u>Total Claims</u>                                                    | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| 6                                                                      | - 20 =              | x               | =                    |                                  |                 |                      |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                 |                      |                                  |                 |                      |
| <u>Indep. Claims</u>                                                   | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |                                  |                 |                      |
| 1                                                                      | - 3 =               | x               | =                    |                                  |                 |                      |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                 |                      |                                  |                 |                      |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$)                       | Fee Paid (\$) |
|--------------|--------------|--------------------------------------------------|--------------------------------|---------------|
|              | - 100 =      | /50                                              | (round up to a whole number) x | =             |

**4. OTHER FEE(S)**

|                                                                                      | Fees Paid (\$) |
|--------------------------------------------------------------------------------------|----------------|
| Non-English Specification, \$130 fee (no small entity discount)                      |                |
| Other (e.g., late filing surcharge): 1252 Extension for response within second month | 450.00         |
| 1801 Request for continued examination (RCE) (see 37 ...)                            | 790.00         |

**SUBMITTED BY**

|                   |                       |                                   |        |                |                |
|-------------------|-----------------------|-----------------------------------|--------|----------------|----------------|
| Signature         | <i>T. Chyan Liang</i> | Registration No. (Attorney/Agent) | 33,986 | Telephone      | (713) 228-8600 |
| Name (Print/Type) | Jonathan P. Osha      | <i>T. Chyan Liang #48,885</i>     | Date   | April 14, 2006 |                |